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MILLARD COUNTY CARE CENTER 150 SOUTH WHITE SAGE AVENUE DELTA UT 84624 STATE'S REGION CODE: 001 PROVIDER #: 465157 FACILITY BEDS
PHONE NUMBER: (435) 864-2944
PARTICIPATION DATE: 05/20/2004 CERTIFIED: 60

TYPE ACTION: RECERTIFICATION
TOTAL: 60
TYPE OWNERSHIP: GOVERNMENT - COUNTY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON	N 04/07/2005	LTC ADMISSION/SUSPENSION DATES	TO	TOTAL CERTIFIED BEDS: 60				
TOTAL: MEDICARE:	38	ADMISSION SUSPENDED: SUSPENSION RESCINDED:	18	18/19	19	ICF/MR		
MEDICAID: OTHER:	28 9			60				

CURRENT SURVEY REVISIT DATES - 06/08/2005

PRIOR 3 SURVEY	- ,		PRIOR 1 SURVEY 03/2004	S/S CODE	CURRENT SURVEY 04/07/20	CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS	
			X X X	E D D	х с	D	05/31/2005	REQ REQ	F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ F0241-DIGNITY F0279-DEVELOP COMPREHENSIVE CARE PLANS F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING

EDITION OF LSC APPLIED

2000 NEW 2000 NEW

PR:	IOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE	
SUI	RVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			03/2004	04/07/2005		
				X C	06/01/2005	K0011-COMMON WALL
				X C	06/01/2005	K0029-HAZARDOUS AREAS - SEPARATION
				X C	06/01/2005	K0046-EMERGENCY LIGHTING
				X C	06/01/2005	K0050-FIRE DRILLS
				X C	06/01/2005	K0052-TESTING OF FIRE ALARM
			X	X F	06/01/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
				X C	06/01/2005	K0075-WASTEBASKETS
				ХC	06/01/2005	KOO76-MEDICAL GAS SYSTEM

C=DATE OF CORRECTION TION N=NO DATE GIVEN
REQ = REQUIREMENT X=DEFICIENT P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3
DEFICIENCI 	SORVEI	14V10C	50KVE1	30KVE1
CONDITION	0	0	0	0
REQUIREMENT	1	3	0	Ō
HEALTH TOTAL	1	3	0	0
LIFE SAFETY CODE	8	1	0	0
LIFE SAFETY CODE + HEALTH	9	4	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE STATUS

12/02/2004 UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY